STANDARD CERTIFICATION    STANDARD CERTIFICATION   State File No.   1173		•	THE DIVISION OF HE	ALTH OF MISSOU	IRI ₹ #	994 <i>0</i>
1. PLACE OF DEATH  a. COUNTY  b. CITY (Indicates programs limits, write BUDANT) of the programs of position of TAY in the places of TAY	FILED APR	1 1950	STANDARD CERTIF	ICATE OF DEA	ATH State File No	8812
B. COUNTY  b. CITY (Indiciple/accounts limitia, write RUPAT 9 of ete production of the production of t	BIRTH NO		REG. DIST. NO	PRIMARY REG. DIST.	10. 1002 Registrar's 1	, 1173
ON TOWN  OF THE ADDRESS  OF PIRIS  S. NAME OF (PIRIS)  D. N. (Least)  D. N. (Leas		reken	r			institution: residence before
MOSPITAL OR INSTITUTION  3. NAME OF DECEASED (Pirit) DECEASED (Type or Print)  5. E. (Pirit) DECEASED (Type or Print)  5. SEX  10. AUSTRAL OF DEATH 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 12. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 13. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 14. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 15. II means the distribute of the decease or death but not related the disease or condition austring death. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. PEODMANT'S SIGNATURE OR NIME 18. CAUSE OF DEATH 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 20. AUTORYT  19. MAJOR FINDINGS OF OPERATION DIRECTLY LEADING TO DEATH 20. AUTORYT 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. WAS DECEASED EVER IN U.S. ARMED FORCES? 21. Thereby certify that I altended the deceased from working death. 22. I hereby certify that I altended the deceased from working death. 22. SIGNATURE 23. SIGNATURE  24. DATE SAME  25. SIGNATURE  19. MAJOR FINDINGS 10. DATE OF OPERATION 10. STATE)  25. SIGNATURE 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. WAS DECEASED OF CONDITION 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. WAS DECEASED OF CONDITION 10. THE SIGNIFICANT CONDITIONS 10. AUTORYT 10. AUTO	OR / / //	porate limits, write Ri		OR J	porate limits, write RURAL and try t	ownship)
DECRASED OF THAIL TO THE SIGNIFICANT CONDITION  B. CAUSE OF DEATH  COUNTRY  NO.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  ANTECEDENT CAUSE  ANTE OF OPERA  ANTECEDENT CAUSE  B. MORNING OF THUSBAND OR WIFE  MEDICAL CERTIFICATION  ANTECEDENT CAUSE  COUNTRY  TON  DIE TO (c)  11. DIFFERS ON THE MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  ONEST AND DEATH	d. FULL NAME OF CHOSPITAL OR INSTITUTION	if not in hospital or in	stitution, give street address or location)		(If rend, for location)	3000
13a. USUAL OCCUPATION (Civer land of work of the conditions considered in the conditions of the condit	DECEASED /	a (First)	1 -	/ = 0.00	- A OF	1) (Pay) (Year) 14-50
Sab. Father's Name   13b. Mother's Maiden Name   14. Name of Husband or Wife	Mole 2	OLOR OR RACE	7. MARRIED, NEVER MARRIED (NOTICED (8) (HE)	8. DATE OF BIRTH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea, no. or unknown) (III yea, sive war, oy datus of service) (16. SOCIAL SECURITY (NO. ) (III yea, sive war, oy datus of service) (17. PEFORMANT'S SIGNATURE OR NAME ADDRESS (Yea, no. or unknown) (III yea, sive war, oy datus of service) (18. CAUSE OF DEATH Enter only one cause) (19. DIRECTLY LEADING TO DEATH* (a) (a) (b), and (c) (c) (c) (d), (b), and (c) (d) (d), and (c) (d) (d), and (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State	or foreign fourtry)	
III. CAUSE OF DEATH Enter only one cause per Inite for (a), (b), and (c)  *This does not meen the mode of symm, such as heart failure, asthenia, cast, injury, or compilea  II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  *ANTECEDENT CAUSES  Aforbid conditions, if any, giring DUE TO (b)  *This does not meen the mode of symm, such as heart failure, asthenia, cast, injury, or compilea  *II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not case, injury, or compilea  *III. OTHER SIGNIFICANT CONDITIONS  *III.	3a. FATHER'S NAME	hno	13b. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND OR V	TIFE
Incomposition   Incompositio				17. HIFORMANT	S SIGNATURE OR NAME	L'ADDRESS L
Morbid conditions, if any, giring DUE TO (b)  as heart failure, asthemia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIPE HOMICIPE HOMICIPE INJURY  21b. PLACE OF INJURY (s.g., in or about boms, farm, factory, street, office ables, etc.)  19c. INJURY  21c. (CITY, TOWN OR TOWNSHIP)  21d. How DID INJURY OCCUR?  21d. Horeby certify that I attended the deceased from alive on  19g., and that death occurred at alive on  19g., and that death occurred at alive on  23a. SIGNATURE  HOW DID INJURY  25c. DATE SIGNED  26c. DATE SIGNED  27d. BURGAL CREMA. ADD DATE  27d. BURGAL CREMA. SIGNATURE  27d. BURGAL CREMA. DATE  27d. BURGAL CREMA. SIGNATURE  27d. BURGAL CREMA. DATE  27d. BURGAL CR	Enter only one cause per	I. DISEASE OR CO DIRECTLY LEAD!	NDITION	SERTIFICATION	ath mine	
County   C	the mode of dying, such as heart failure, asthenia,	Morbid conditions rise to the above co	, if any, giving DUE TO (b)			
19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIPE HOMICIPE HOMICIPE 121d. TIME WORK MORK MORK MORK MORK MORK MORK MORK M	case, injury, or complica-	Conditions contrib	ICANT CONDITIONS		1955	
SUICIDE HOMICIPE HOMICIPE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. HOW	19a. DATE OF OPERA- TION	19b. MAJOŘ FINE	ings of operation	in Paga	en But Flerne	4 - 7
22. I hereby certify that I attended the deceased from	SUICIDE ~	(Specity)	21b, PLACE OF INJURY (e.g., in or about some, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNTY)	(STATE)
alive on, 19, and that death occurred at m., from the causes and on the date stated above.  23a. SIGNATURE HURD H. OWONS (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  244. BURNAL CREMA. 24b. DATE 22c. DATE 22c. DATE 22c. DATE CONTROLL (State)  25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	21d. TIME (Month) OF INJURY	(Day) (Year) ()	WHILE AT   NOT WHILE	21f. HOW DID INJURY	OCCURT	
238. SIGNATURE HUGH H. OWONS (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  23c. D						A CONTRACTOR OF THE PROPERTY O
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25 EUNERAL DI RECTOR'S SIGNATURE  ADDRESS  ADDRESS	23a. SIGNATURE	Hogh H.			Un Block	3-3-50
	TION, REMOVAL (B)	3-13-	so MOWester	TO PEREMATORY	Begge G C	county) (State)
· LIFT II TO VENDE THE THE CONTROL OF THE CONTROL O	DATE REC'D BY LOCAL REG		Edine Holmes	25 EUNERAL DI REC	Sugation	100 Ho

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re-	verse side of this certificate was	s embalmed by n	ne, or by	
	, Student Er	mbalmer No	*	
working under my personal supervision.				

Student Embalmer

Licensed Embalmer N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.